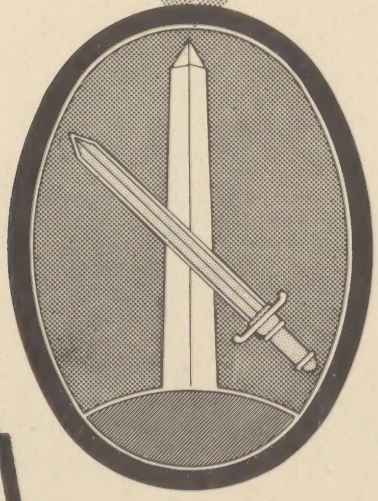
VOLUME 3
REPORT NO. 7

RESTRICTED

MONTHLY HEALTH REPORT

Military District of Washington



RESTRICTED

July 1950

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HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
Room 1543, Building T-7, Gravelly Point
Washington 25, D. C.

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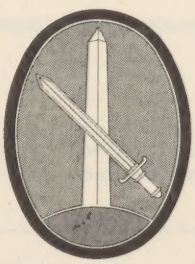

INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

. It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department personnel in the field.

Robert E. Bitner

ROBERT E. BITNER
Colonel, MC
Surgeon

DENTAL ANOMALIES NOT COMMONLY FOUND

by
L. J. Caponegro, Captain, DC
US Army Hospital, Ft. Belvoir

Eleven Bicuspids:

This rather uncommon condition was confirmed by clinical and X-ray findings with three bicuspids in each quadrant, with the exception of the upper right. The first and second bicuspids, and first, second and third right mandibular molars were in good alignment with the bicuspids malposed. This bicuspid was fully erupted, but lying lingully and mesially to the first molar and was extracted because of its position and caries which were present on the mesio-lingual of the first molar. The left third mandibular bicuspid was distal to the second bicuspid, but vertically impacted. The left mandibular molars had been removed. The maxillary left quadrant also contained three bicuspids which were slightly malposed. This patient is forty years of age and had no knowledge that an anomaly was present.

Fourth Maxillary Molar:

Patient presented at this clinic a history of mild pain in the left maxillary third molar area. A pericoronal infection was present in that area with the third molar in buccal version. Roentgenographic examination revealed resorption of the apical third of the disto-buccal root caused by the presence of a fourth molar. The crown of this tooth was directly between the buccal and palatal roots of the third molar. The tooth was quite small and had a single root. Both the third and fourth molars were surgically removed.

Two Horizontally Impacted Mandibular Molars:

Patient recently presented with what appeared clinically to be an errupting malposed third molar. Roentgenographic examination revealed an impacted malposed third molar lying horizontally in the body of the mandibular with the crown opposed directly by the crown of another impacted molar with the cusps interdigitated in such a manner that it was necessary to section one of the molars to facilitate the removal of both. Both teeth were completely formed and appeared to be second and third molars respectively.

MEDICAL OFFICER'S EMERGENCY BAG

All commanders of medical units within the Military District of Washington are reminded of the importance of having the doctors emergency bag, properly stocked for immediate use. A typed sheet should be placed in the bag listing the contents.

After each visit the bag should be checked to see that all items that have been used, are replaced.

The form below is provided for the convenience of installations and individuals receiving this publication. Please indicate below desired changes in the present distribution, and forward to the indicated address.

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Bldg. T-7, Gravelly Point
Washington 25, D. C.

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COMPLICATIONS OF ANTIRABIC TREATMENT

T. F. SELLERS, M. D.

Antirabic vaccine for human use is essentially a finely divided suspension of the brain tissue of rabbits which have been killed while in the terminal paralytic stage of fixed virus rabies. So far no satisfactory method has yet been devised for separating the specific virus antigen from brain tissue without destroying its antigenic properties. Webster and Clow succeeded in propagating rabies virus in tissue culture, and were able to obtain an almost pure virus suspension, but the protective potency of this suspension proved to be disappointingly low.

Brain tissue, like all animal tissues, is a combination of a great variety of complex protein substances. Some, if not all of these protein substances, when repeatedly injected into man or animals may stimulate the formation of more or less specific sensitizing antibodies. It is to be expected, therefore, that repeated injections of antirabic vaccine may bring about varying combinations of local and systemic reactions ranging from immediate circumscribed erythema and swelling at the site of injection to immediate or delayed urticarial rashes often accompanied by fever, malaise and swelling of the joints. As a rule, reactions of this nature are not dangerous and do not contraindicate the completion of the prescribed series of injections.

However, there is another type of reaction which specifically affects the nervous system and manifests itself in several ways, ranging from a simple neuritis to a profound encephalomyelitis and paralysis. Three types are recognized:

1. Peripheral Neuritis -- This is a rare type of reaction and more apt to occur during the latter part of the treatment. There may be a rise in temperature. The symptoms are referable to the facial nerve. Further treatment should be discontinued at once regardless of the severity of exposure.

2. Dorso-Lumbar Myelitis -- Characterized by fever, gradually increasing weakness, numbness and tingling of the extremities, sphincter disturbances, and within two to four days, more or less, complete paralysis of the extremities, especially the lower. This syndrome usually begins after the tenth to twelth day of treatment, and unless death intervenes due to cardio-respiratory complications may last for several weeks. Complete recovery is the rule. Needless to say, at the very first sign of this type of reaction treatment should be stopped at once.

3. Paralysis of the Landry Type -- This is similar to Type 2, but more severe and acute at onset. It is ushered in by nausea, vomiting, girdle pains, headache, fever, retention or incontience of urine, and an ascending paralysis of the extremities. The paralysis may ascend to involve the bulbar nuclei, and death from cardio-respiratory failure may occur. The mortality rate is high (30 to 50 per cent). Some recover completely, while others are left with varying degrees of paralysis.

That these reactions are entirely unrelated to the presence of rabies virus has been proven by their experimental production in animals after repeated injections of normal brain tissue from the same species, or from different species of animals. The studies of Schwentker and Rivers indicate that brain tissue of itself may function as a complete antigen which is organ specific rather than species specific. Horack reports a critical review of 16 cases of paralytic accidents in North Carolina. All but two were in persons having an individual or a family history of allergy. While there is still conflict of opinion as to its etiology, the prevailing belief at present is that treatment paralysis is an allergic phenomenon brought about by specific sensitization to brain tissue proteins.

It should be noted that in all three types the trouble does not begin until after the tenth or twelth injection. There may be no warning. The victim may experience no untoward symptoms whatsoever during the first ten or more injections, then suddenly begins to have numbness and tingling of the extremities, girdle pains, nausea, vomiting, and general weakness, followed in a day or two by paralysis, usually beginning in or limited to the lower extremities. Disturbance of sphincter function is a constant symptom.

From the Georgia Department of Public Health Laboratories. Read before the Medical Association of Georgia, Maxon, May 9, 1946.

RELEASE OF INFORMATION FROM MEDICAL RECORDS OF MEMBERS AND FORMER MEMBERS OF THE ARMED FORCES

Joint Statement of Policy on the release of information from medical records of members and former members of the Armed Forces from Office of The Secretary of Defense, Personnel Policy Board, Washington 25, D. C., dated 18 October 1949 is reproduced because of the numerous request for such information received by the Surgeon's Office, Military District of Washington.

1. The following is the statement of policy on the release of information from medical records of members and former members of the Armed Forces which is effective immediately. It includes the quasi-military services which will become part of the Armed Forces during a national emergency. The former Joint Statement of Policy between the Department of the Navy and the War Department, dated 25 May 1944, amended 16 August 1946, is hereby rescinded.

2. This policy governs the release of medical information, only under confidential classification, by those bureaus and offices which may be designated by the Secretaries of the Army, Navy and Air Force, respectively.

COMPLETE TRANSCRIPT OF MEDICAL RECORDS ON REQUEST

(a) Department of the Army

(b) Department of the Navy

(c) Department of the Air Force

(d) Department of the Treasury (Coast Guard)

(e) Department of Commerce (Coast and Geodetic Survey)

(f) Federal Security Agency (Public Health Service)

(g) The Veterans Administration

(h) Selective Service

(i) Federal or State hospitals or penal institutions when the member or former member is a patient or inmate therein.

(j) Registered civilian physicians, upon request of the individual or his legal representative, when required in connection with the treatment of the member or former member of the above services.

(k) The member or former member himself upon request, except information contained in the medical record which would prove injurious to his physical or mental health. (See Public Law 681, 77th Congress, approved July 28, 1942).

(l) The next of kin on request of the individual, or legal representative, when under the provisions of Public Law 681 the information may not be disclosed to the veteran himself; and directly to the next of kin, or legal representative, when the member or former member has been adjudged insane or is dead.

(m) Duly accredited representatives of the National Academy of Sciences-National Research Council, when engaged in cooperative studies undertaken at the specific request or with the consent of the Surgeon General, U. S. Army, the Surgeon General, U.S. Navy, or the Surgeon General, U. S. Air Force.

PARTIAL TRANSCRIPT OF PERTINENT INFORMATION FROM MEDICAL RECORDS ON REQUEST

(a) Department of Justice.

(b) Department of the Treasury (except Coast Guard).

(c) The Post Office Department.

(Each request will be made in connection with the investigations conducted by the above-named Departments and will be considered on its merits. The information released will be the minimum necessary).

3. Nothing in this statement of policy is intended to preclude the release of appropriate information concerning the current health and welfare of the individuals in the armed services, or vital statistical data, including proof of death, concerning such personnel, nor to preclude compliance with court orders calling for the production of medical records in connection with litigation or criminal prosecutions."

APPLICATION FOR SHORT COURSES AT CIVILIAN INSTITUTIONS

The following information from The Adjutant General, Department of the Army is reproduced:

"1. The Surgeon General, Department of the Army is receiving applications for short courses at civilian institutions during the Fiscal Year 1951. Indications are that funds for tuition and travel will not be sufficient to honor all requests.

2. All applications for short courses beginning in each quarter of the fiscal year will be considered as a group by the Professional Education Committee of the Office of the Surgeon General. Applications for courses beginning on or after 1 October 1950 must be submitted to the Personnel Division of the Office of the Surgeon General, through proper channels, at least 120 days prior to starting date of the pertinent short course. Applications will include the following information:

a. Name of applicant.

b. Name and location of organization of assignment.

c. Service number.

d. Grade in which serving.

e. Name of civilian institution conducting the course.

f. Where course will be given (address).

g. Beginning and ending dates of the course.

h. Tuition cost.

3. It is desired that requests for attendance at meetings of Technical, Scientific, Professional and other private organizations not be submitted as courses of instruction. Provision has been made for such attendance in General Orders No. 9, Department of the Army, 1950.

4. Reference is made to SR 350-20-1, 11 Oct 49, and SR 350-230-60, 24 Jan 50."

MEMORANDUM RECEIPT PROPERTY

Property issued on Memorandum Receipt to Wards, Clinics, Messes, Out-patient Departments, Operating Rooms, Laboratories and satellited units, presents a sizeable financial investment that requires constant management in the interest of economy and good supply practices.

The bulk of all property issued on Memorandum Receipts is in use and in active status. However, it is also a fact that some items originally issued for definite and justifiable reasons have served their intended purpose and are now lying about - no longer used and no longer desired.

These formant items may be the cause of many wasteful new purchases - or even worse - may be causing someone to needlessly do without (at least temporarily). Whatever the case may be, such a condition should not exist and if it does, cannot be condoned. Correction therefore, resolves to the following:

1. Frequent and thorough Memorandum Receipt inventories by the responsible person.

2. Review of mission and needs thereto.

3. Turn-in of all excess and surplus items by the responsible person to the Ward Administrator.

If it isn't required - TURN IT IN.

COURSE OF INSTRUCTION AT MEDICAL DEPARTMENT SCHOOLS

SCHOOL	COURSE	CLASS NO.	REPORTING DATE	CLOSING DATE
Army Medical Department, Research and Graduate School, Army Medical Center, Washington 12, DC	OFFICER			
	*Dentistry (Adv) (16 Wks)	4	25 Aug 50	15 Dec 50
	**Dental Service Operation and Administration (2 Wks)	5	7 Oct 50	20 Oct 50
	Medical Aspects of Nuclear Energy (5 Days)	14	11 Sep 50	15 Sep 50
	*Veterinary (Adv) (17 Wks)	1	25 Aug 40	22 Dec 50
Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas	OFFICER			
	Associate Basic (8 Wks)	4	29 Aug 50	27 Oct 50
	Associate Advanced (8 Wks)	4	27 Aug 50	27 Oct 50
	ENLISTED			
	Dental Mechanics (0067)(16 Wks)	69 70	23 Aug 50 20 Sep 50	15 Dec 50 26 Jan 51
	Medical Equipment Maintenance (0229)(8 Wks)	48 49	23 Aug 50 20 Sep 50	20 Oct 50 17 Nov 50
	X-Ray Procedure (0264)(16 Wks)	69 70	23 Aug 50 20 Sep 50	15 Dec 50 26 Jan 51
	Medical Technician	166		
	Medical Technician	166	9 Aug 50	6 Oct 50
	Procedure (0409)(8 Wks)	167 168	23 Aug 50 6 Sep 50	20 Oct 50 3 Nov 50

COURSE OF INSTRUCTIONS AT MEDICAL DEPARTMENT SCHOOLS - Cont'd

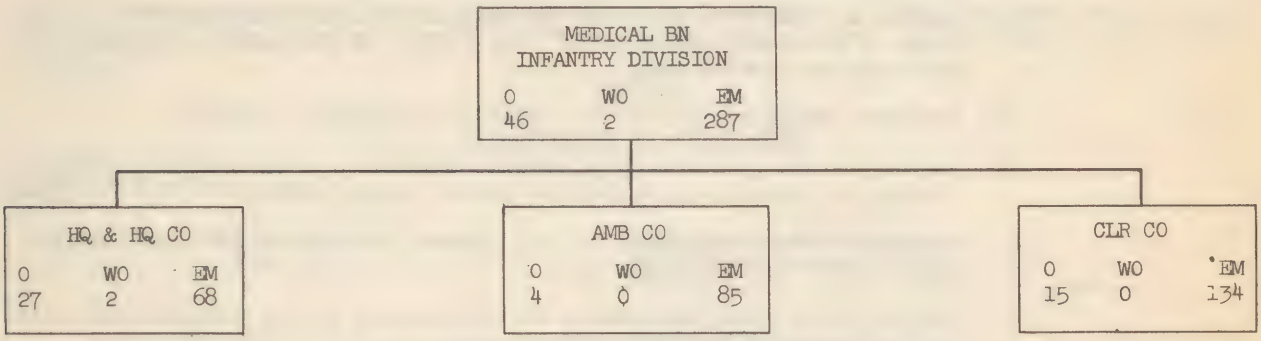
SCHOOL	COURSE	CLASS NO.	REPORTING DATE	CLOSING DATE
Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas (Cont)	Hospital Technician Procedure (0657)(8 Wks)	87	9 Aug 50	6 Oct 50
		88	23 Aug 50	20 Oct 50
		89	6 Sep 50	3 Nov 50
	Medical Lab Procedure (0858)(16 Wks)	69	23 Aug 50	15 Dec 50
		70	20 Sep 50	26 Jan 51
	Pharmacy Procedure (0859)(16 Wks)	69	23 Aug 50	15 Dec 50
		70	20 Sep 50	26 Jan 51
	Surgical Technician Procedure (0861)(8 Wks)	166	9 Aug 50	6 Oct 50
		167	23 Aug 50	20 Oct 50
		168	6 Sep 50	3 Nov 50
	Physical Reconditioning Methods (1283)(8 Wks)	8	13 Sep 50	10 Nov 50
	*Neuropsychiatric Tech Procedure (1409)(12 Wks)	10	29 Aug 50	24 Nov 50
	*Elementary Psychiatric Social Work (0263)(16 Wks)	9	29 Aug 50	22 Dec 50
	*Medical Department W/O Preparatory and NCO Refresher (12 Wks)	3	31 Jan 51	27 Apr 51
	Sanitary Technician Procedure (8 Wks)	4	4 Oct 50	1 Dec 50
Meat and Dairy Hygiene School, Chicago Quartermaster Depot, Chicago, Ill.	OFFICER			
	Meat and Dairy Hygiene (3221)(12 Wks)	68	1 Sep 50	24 Nov 50
	ENLISTED			
	Meat and Dairy Hygiene (0120)(8 Wks)	29	15 Sep 50	10 Nov 50

* Letter of application to be submitted direct to The Surgeon General.

Reference is made to Department of the Army Pamphlet 20-21, The Army School Catalog for prerequisites for attendance. Additional information may be obtained from Training Section, Office of the Surgeon, LIberty 56700, Extension 75639.

MEDICAL BATTALION

MEDICAL BATTALION OF THE INFANTRY DIVISION



1. ORGANIZATION. The medical battalion consists of a battalion headquarters and headquarters company, one ambulance company, and one clearing company.

2. GENERAL.

a. The medical battalion is an organic unit of the infantry division. The medical battalion performs, for the infantry division, the second echelon of medical service. Second echelon medical service consists of evacuating casualties from the dispensaries, battalion aid stations, or regimental collection stations of the first echelon to the clearing station where the casualties receive treatment and preparation for return to duty or for further evacuation by the third echelon (Army). Usually the medical battalion will evacuate from the regimental collecting stations and separate battalion aid stations. However, if vehicular traffic is possible, the medical battalion may evacuate from the battalion aid stations of the first echelon. The clearing stations are operated by the medical battalion and it is desirable that they be located from four to ten miles from the front lines. Their location depends upon the tactical situation. The clearing station is the last element in division medical service.

b. It is to be remembered that the infantry division surgeon is a member of the special staff of the infantry division. The division surgeon is not a member of the infantry medical battalion. The division surgeon's office is composed of the following officers:

(1) Division surgeon (Lt. Col, MC).

(2) Division dental surgeon (Maj, DC).

(3) The division medical inspector, a specialist in field sanitation and epidemiology, supervises all functions of preventive medicine.

(4) The division neuropsychiatrist is the chief advisor to the division surgeon on the diagnosis, treatment, and disposition of neuropsychiatric cases within the division. He is assisted by a captain of the Medical Corps who is assigned to the headquarters of the clearing company of the medical battalion.

(5) There is an administrative assistant (Capt or 1st Lt, MSC) who assists the division surgeon in administrative matters. He is charged with the preparation of records and reports of that office.

(6) In the office are five enlisted men whose duties consist of administration and the preparation of medical reports and medical records.

3. FUNCTIONS.

a. Headquarters and Headquarters Company. The functions of headquarters and headquarters company are as follows:

Medical Battalion of the Infantry Division (Cont'd)

(1) Command and staff functions for the medical battalion operating, for this purpose, a battalion command post. The offices of the battalion commander and his staff are located here.

(2) Personnel administration for all units of the medical battalion.

(3) Requisition and procurement of medical supplies for the entire division including the operation of a division medical supply point.

(4) Requisition and procurement of all classes of supplies for the battalion, operating a battalion supply point.

(5) Organizational motor maintenance for all vehicles of the battalion operating, for this purpose, a battalion motor repair park.

(6) Furnishing personnel and equipment for the dental section.

b. Ambulance Company. The ambulance company furnishes transportation for the evacuation of sick and wounded from the regimental medical companies back to the clearing company of the medical battalion. It furnishes ambulance service wherever required. In addition, this company furnishes transportation for medical supplies and medical department personnel in the field.

c. Clearing Company. The clearing company operates one, two, or three clearing stations near the division rear boundary for the further sorting and treatment of casualties, either for return to duty or further evacuation by the third echelon (Army). It is contemplated that one or two clearing stations will be operated according to the tactical situation and one platoon held in reserve.

THE OFFICER-SOLDIER RELATIONSHIP

The officer should recognize himself as the "father" substitute, the noncoms as the "older brothers," and the other recruits as the "brothers," all in a big family situation. This is not a mere figure of speech; it is a symbolic truth which is more or less universally felt. The officer should become the guiding protective interested "father," and the soldier the "son." In this relationship the officer must:

(1) Manifest a personal interest in each of his "boys." A man's name is to him the sweetest word in the English language. Learn the names of your men and call them by name. Interest yourself in their personal comfort, food, clothing, living conditions, recreation, etc.

(2) Desensitize the recruit, at the earliest opportunity, to fears and doubts as to his immediate future. Forecast the difficulties in a reassuring way (including many of the points to be made subsequently in this lecture: discipline, the rigorous training for the job ahead, the chances for advancement, the organization, etc.).

(3) Coach the noncoms in their management of the recruits, and discourage bullying at every point.

(4) Become sufficiently well acquainted with each individual to be able to judge his capacities, the best job for him, and, if necessary, to aid him in his adjustment to the job to which he is assigned.

(5) Provide repeated opportunities by word and action for the men to become identified as members of the group, as "helpers" to the officer. Develop the "team spirit" and traditions.

(6) Lead your men; don't push them ahead for you to follow. Be an example, and don't expect a man to do what you won't do.

The above section is reproduced from TB MED 12.

Note in paragraph 1 above the reference to "boys" is in quotes; never refer to your men as boys. If you don't know his name address him as SOLDIER.

EFFECTS OF AND SELF PROTECTION FROM "A" BOMB EXPLOSION

Numerous questions exist as to what to do in event that we should be faced with an atomic bomb explosion. In order to clarify your thinking on this subject, the following information is published:

EFFECTS

AIR BURST OF AN ATOMIC BOMB

BLAST - 65% of Casualties

1. Positive Phase a. Push out	Pressure out from burst. Usually not enough to kill. Flying debris caused almost all injuries.
2. Negative Phase a. Suck in	High winds up to 100 mph. Blows toward center of burst and up into cloud.

HEAT - 20% of Casualties

1. "Flash" Heat	Flash at time of burst. Burns occur out to two miles, easily protected by light clothes or any shielding substance.
2. Secondary Fires	Started by stoves, short circuits, and the like. Cut off the utilities. Prevent these fires.

RADIATION - 15% of Casualties

1. "Flash" Radiation	Cannot see, hear, or feel it but it is there for a flash. Gamma rays are most penetrating and longest range. More material between you and blast protects you more. Gamma decreases as the square of the distance from burst.
2. Lingering Radiation	So small it is not a hazard. Disregard it.

SELF PROTECTION FROM AIR BURST OF "A" BOMB

1. Disperse	If warning is given get away from possible target area and areas that are built up. Remember the flying debris.
2. Take cover	Basements underground shelters if possible. Get close to basement walls and near good exits from basement after burst. Remember, get the most material between you and the burst.
3. Help others	Thousands of lives can be saved by prompt aid. Help save lives by helping others. 90 seconds after burst the debris has stopped falling and there is no radiation hazard.
4. Report to	Organization is necessary to reduce the effects of the bomb. Report to receive treatment if necessary, be evacuated if desirable, and to work to help overall situation.

Self Protection from Air Burst of "A" Bomb, Cont'd.

5. Don't eat, chew, drink or smoke until items are checked and cleared.	A small amount of radiation outside the body is harmless. Inside the body it may cause much trouble. Keep it outside.
6. Don't Spread Rumors.	Things will be tough all over. Keep your experience to yourself and don't enlarge on what you hear from others
7. Scrub Down and Change Clothes	As soon as practicable scrub down and change clothes. Scrub hair, face, hands and fingernails well.

FOOD POISONING AND MESS SANITATION

Army cooks and other Army kitchen and mess personnel at times unknowingly expose themselves and other military personnel to the dangers of food poisoning and other food-borne diseases. Such exposures may be attributable to three basic factors:

1. Lack of training in sanitary techniques of food handling and mess sanitation.

2. Carelessness and indifference in the performance of duties.

3. Inability of personnel to recognize the importance of mess sanitation to the health and welfare of the troops.

Sanitary operation of the mess and kitchen is fundamentally the responsibility of the mess steward. However, command attention is essential to a continuing safe sanitary operation. The need for closer supervision and command attention is particularly emphasized by the fact that food-borne outbreaks are occurring in military messes and will continue to occur until safe sanitary practices prevail.

Safe sanitary practice implies more than just good housekeeping. It involves, particularly, the protection of food and the elimination of all possible ways by which food, utensils, and food processing equipment may become contaminated. Food poisoning, diarrhea and dysentery not only incapacitate troops but may result in serious disability or death. Disease producing organisms are distributed into water and food from infected excreta or body discharges by direct contact and by hands, flies, dishes or utensils contaminated with infected material. Continuing vigilance and attention to duty by all food service personnel is essential to eliminate unsanitary kitchen practices.

If an outbreak of food poisoning occurs, a complete epidemiological investigation should be made (paragraph 17c, AR 40-210). This implies more than a collection of individual case histories. The investigator should determine not only the etiology of the outbreak, but how the causative agent was introduced in the food and when, what food or foods were involved, and most important of all, what steps have been taken to prevent a reoccurrence.

MEDICAL TECHNICIANS BULLETIN

Attention of all Medical Service personnel is invited to the bi-monthly publication of the newly created Medical Technicians Bulletin. The Surgeon General is very interested in this supplement to the Armed Forces Medical Journal taking its proper place as an official medium for all personnel of the Medical Department.

It will be noted that the aim and publication policies are set forth on pages ii and iii of each issue. In addition to professional and scientific articles, officers and non-commissioned officers are urged to submit descriptions of any new or unique methods they have discovered which have increased efficiency on the job. New procedures to aid in efficient utilization of personnel, mess management, supply distribution, management of patients' records, accounts, and personal effects are a few examples of subjects that could be discussed.

OPERATION HYGIENE
from
Health Officers Digest - June 1950

Below are listed the danger points of food establishment sanitation:

1. Using milk cans for storage of food.
2. Not providing individual towels or soap in wash room.
3. Allowing rubbish to accumulate at bottom of dumbwaiter or elevator shafts.
4. Keeping disused equipment and empty boxes and cartons in storeroom.
5. Not cleaning refrigerator interiors and racks regularly.
6. Allowing dirt and refuse to accumulate on shelves, floor and under racks in storeroom.
7. Failure to clean holders for paper cups and sundae dishes regularly.
8. Allowing dirt to accumulate in dishwashing machine interior, especially on under surfaces not easily visible.
9. Not providing thermometer for checking dishwater or refrigerator temperature.
10. Holding leftovers in refrigerator for indefinite periods.
11. Re-using empty tin cans for food containers.
12. Failure to wash hands after blowing nose, coughing, or sneezing into handkerchief.
13. Allowing thermometers on dishwashing machines to become encrusted with grease or dust, thus making it difficult to check temperatures.
14. Failure to provide adequate metal receptacle for used paper cups and sundae dishes.
15. Wearing bracelets, watches, rings, beads and hair ornaments, parts of which may become detached and drop into food.
16. Wearing shoes which are not comfortable, properly cleaned and in good repair.
17. Rinsing bar rags and towels in dishwater.
18. Setting creamer inside cup when coffee or tea is served in pot.
19. Spitting.
20. Stacking glasses, cups and dishes on top of one another when serving.

MOSQUITO CONTROL

Paragraph 24, AR 40-205 pertains to the responsibility of the surgeon of each station or command for investigating the prevalence, distribution and significant habits of those mosquitoes which may transmit disease to the troops, or effect their efficiency, morale, or comfort.

The surgeon is not only responsible for recommending measures which are necessary for the control of such mosquitoes, but he is also responsible for technically supervising the execution of measures to insure their effectiveness.

GENERAL COMMENT

The health of the command continued to be excellent.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and Class II installations exclusive of Walter Reed Army Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of other service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned. (See General Data and Admissions Tables on page)

The non-effective rate* increased from the May rate of 10.71 to 11.44 for the month of June. Days lost as a result of disease and injury totaled 7,035 during the five week period ending 30 June 1950.

*Non-Effective Rate -- $\frac{\text{Total Days lost x 1,000}}{\text{No. of Days in Period x Average Daily Strength}}$

Non-effective rates indicate the average number of patients in hospital or quarters per thousand mean strength during the report period.

The total admission rate** for disease and injury in June was 381.8, compared to 360.4 during May. Total admission for disease and injury in June was 643. Of this number, 570 admissions were for disease and 73 for injuries. Fort Myer reported the highest admission rate, and US Army Dispensary, The Pentagon, reported the lowest rate during the current month.

**Admission Rates -- $\frac{\text{1,000 x 365 x Number of Cases}}{\text{Mean Strength x No. of Days in Period}}$

Admission rates show the number of cases per thousand strength that would occur during a year if cases occurred throughout the year at the same rate as in the report period.

June's rate for disease cases is 338.4 for 570 cases. South Post Fort Myer reported the highest admission rate, and US Army Dispensary, The Pentagon, reported the lowest rate for disease cases.

An injury admission rate of 43.4 per 1,000 per annum for June was reported. This was an increase over the May rate of 34. Fort McNair reported the highest rate and US Army Dispensary, The Pentagon, reported the lowest rate for injuries.

There was one death reported during the five week period ending 30 June 1950, by units within the Military District of Washington less Walter Reed Army Hospital.

COMMUNICABLE DISEASE

Common respiratory diseases decreased in incidence during the month of June, 1950. The rate for the present month is 104.5 compared to the May rate of 131.7. Fort Belvoir reported the highest rate, and US Army Dispensary, The Pentagon, reported the lowest rate. Admission rates for pneumonia (all types) declined during the June report period. The rate being 2.7 compared with the May rate of 3.7. There were no cases of scarlet fever reported throughout the month of June.

No appreciable change was noted in the rate for mumps, tuberculosis, rheumatic fever, diarrheal disease, and hepatitis during the five week period ending 30 June 1950.

Pertinent statistical tables may be found on pages 14 and 18.

GENERAL DATA
5-week Period Ending 30 June 1950
(Data from WD AGO Forms 8-122)

	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
				All Causes		Disease		Injuries			
	Total	White	Negro	Cases	Rates	Cases	Rates	Cases	Rates		
Fort Belvoir (A)	8,537	7,219	1,318	344	420.2	322	393.3	22	26.9	10.53	0
(AF)	181	170	11	6	345.6	3	172.8	3	172.8	15.94	1
Fort McNair (A)	852	781	71	36	440.6	24	293.7	12	146.9	11.17	0
(AF)	94	94	0	0	-	0	-	0	-	-	0
Fort Myer (A)	1,441	1,259	182	66	477.6	55	398.0	11	79.6	11.56	0
(AF)	0	0	0	0	-	0	-	0	-	-	0
South Post, Fort Myer (A)	1,585	1,585	0	90	592.1	79	519.8	11	72.3	15.29	0
(AF)	0	0	0	0	-	0	-	0	-	-	0
US Army Dispensary, (A)	3,431	3,395	36	54	164.1	46	139.8	8	24.3	15.72	0
The Pentagon (AF)	3,550	3,517	33	80	235.0	69	202.7	11	32.3	12.43	0
All Others (A)	1,718	1,718	0	53	321.7	44	267.1	9	54.6	3.94	0
(AF)	98	98	0	1	106.4	1	106.4	0	-	4.37	0
Total Mil Dist of Wash (A)	17,564	15,957	1,607	643	381.8	570	338.4	73	43.4	11.44	0
(AF)	3,923	3,879	44	87	231.2	73	194.0	14	37.2	12.10	1
AMC - Med Det (Duty Pers) *	1,824	1,686	138	76	434.5	71	405.9	5	28.6	3.43	0
AMC - Med Hold Det*	1,640	1,526	114	157	998.3	144	915.6	13	82.7	980.92	8
AMC - Total (Army)	2,809	2,588	221	186	690.5	172	638.5	14	52.0	407.02	4
AMC - Total (Air Force)	655	624	31	47	748.3	43	684.6	4	63.7	677.21	4
AMC - Total (A & AF)	3,464	3,212	252	233	701.4	215	647.2	18	54.2	466.22	8
AMC - Total (A & AF)											
Total - Dept/Army Units	20,373	18,545	1,828	829	424.3	742	379.8	87	44.5	67.36	4
Total-Dept/Air Force Units	4,578	4,503	75	134	305.2	116	264.2	18	41.0	107.26	5

*Army and Air Force Personnel Included

ADMISSIONS, SPECIFIED DISEASES - RATE PER 2000 PER YEAR
4-week Period Ending 30 June 1950
(Data from WD AGO Forms 8-122)

	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Psychiatric Disease
Fort Belvoir (A)	149.0	-	-	-	17.1	9.8	-	1.2	3.7	-	4.9	1.2	6.1
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort McNair (A)	61.2	-	-	-	12.2	-	-	-	-	-	12.2	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer (A)	43.4	7.2	-	14.5	-	7.2	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
So. Port, Fort Myer (A)	11.8	6.6	-	-	-	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
US Army Dispensary, (A)	45.6	-	-	3.0	-	9.1	-	-	-	3.0	-	3.0	-
The Pentagon (AF)	49.9	-	2.9	5.9	-	8.8	-	-	-	-	-	-	-
All Others (A)	66.8	-	-	-	-	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash (A)	104.5	1.2	-	1.8	8.9	7.1	-	1.8	1.8	1.2	2.4	1.2	3.0
(AF)	45.2	-	2.7	5.3	-	8.0	-	-	-	-	-	-	-
AMC - Med Det (Duty Pers)*	-	-	-	-	-	-	-	-	-	-	-	-	-
AMC - Med Hold Det*	19.1	6.4	-	-	-	-	-	12.7	-	-	6.4	-	12.7
AMC - Total (Army)	11.1	-	-	-	-	-	-	3.7	-	-	3.7	-	7.4
AMC - Total (Air Force)	-	15.9	-	-	-	-	-	15.9	-	-	-	-	-
AMC - Total (A & AF)	9.0	3.0	-	-	-	-	-	6.0	-	-	3.0	-	6.0
Total Dept/Army Units	91.6	1.0	-	1.5	7.7	6.1	-	1.0	1.5	1.0	2.6	1.0	3.6
Total Dept/Air Force Units	38.7	2.3	2.3	4.6	-	6.8	-	2.3	-	-	-	-	-

*Army and Air Force Personnel Included

VENEREAL DISEASE

Venereal Disease rate among units within the Military District of Washington decreased during the June report period.

The rate for June 1950 was 11.28, an increase over the May rate of 5.92. A total of 19 cases were report for the five week period ending 30 June 1950. Of this total 18 were reported by Fort Belvoir, and one for South Post, Fort Myer.

During the report period, white personnel incurred 10 of the reported number of cases, with a rate of 6.54 and 9 were incurred by Negro personnel, with a resulting rate of 58.40 per 1000 troops per annum.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, were have undertaken to report the number of cases per 1000 men for this report period (June) in addition to the rate per 1000 men per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 16, 17, 18 and 19.

NEW VENEREAL DISEASE CASES - EXCL EPTS - APRIL, MAY AND JUNE 1950

	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
	APRIL 50	MAY 50	JUNE 50	JUNE 50
Fort Belvoir	21.77	9.16	21.99	2.108
Fort McNair	-	12.30	-	-
Fort Myer	8.74	-	-	-
South Post, Fort Myer	8.15	8.28	6.58	.630
General Dispensary, USA	3.82	-	-	-
All Others	-	-	-	-
Total Mil Dist Wash Units	12.80	5.92	11.28	1.081
Army Medical Center - Total	8.89	4.35	7.42	.711
Total Dept/Army Units Mil Dist of Washington	12.23	5.69	10.75	1.030

REPORT OF A CONTACT OF VENEREAL DISEASE

A recent analysis of Reports of a Contact of Venereal Disease, Medical Department Form 140, shows a great improvement in the information furnished thereon. However, too many contact reports are still being returned from civilian health authorities marked "insufficient information to locate." It is incumbent on all medical officers responsible for the treatment of venereal disease patients to establish a proper patient-doctor relationship in order that adequate information may be secured to seek out and eliminate infected contacts.

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY

MDW RATE PER 1000 TROOPS PER YEAR

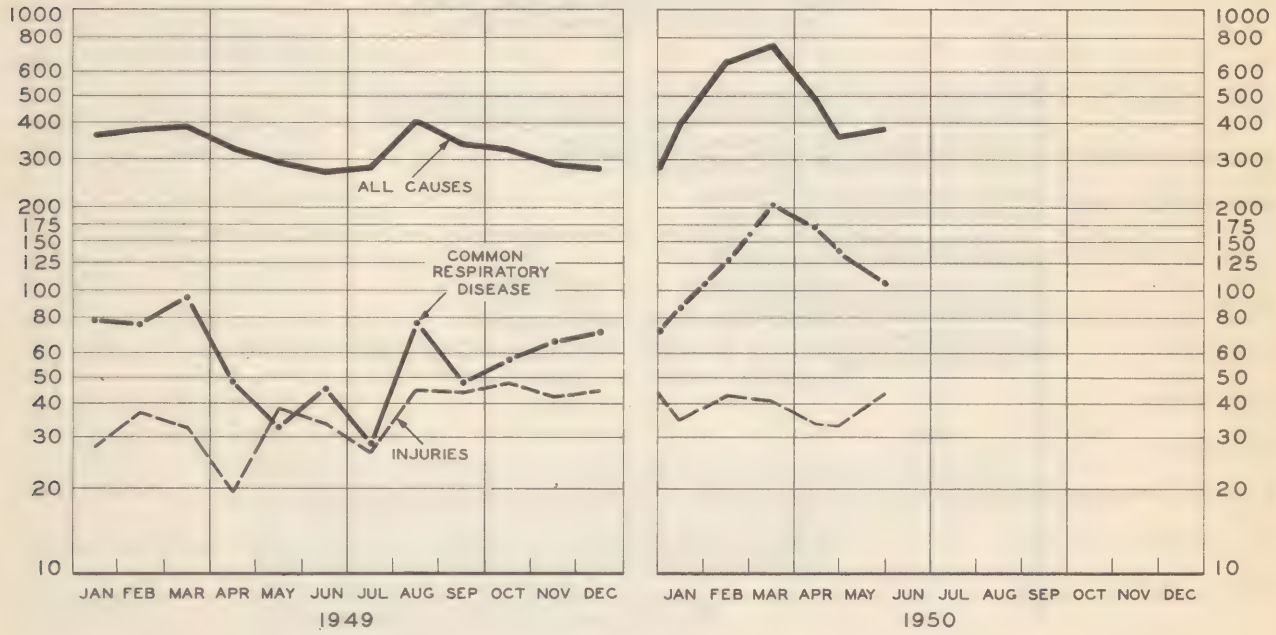
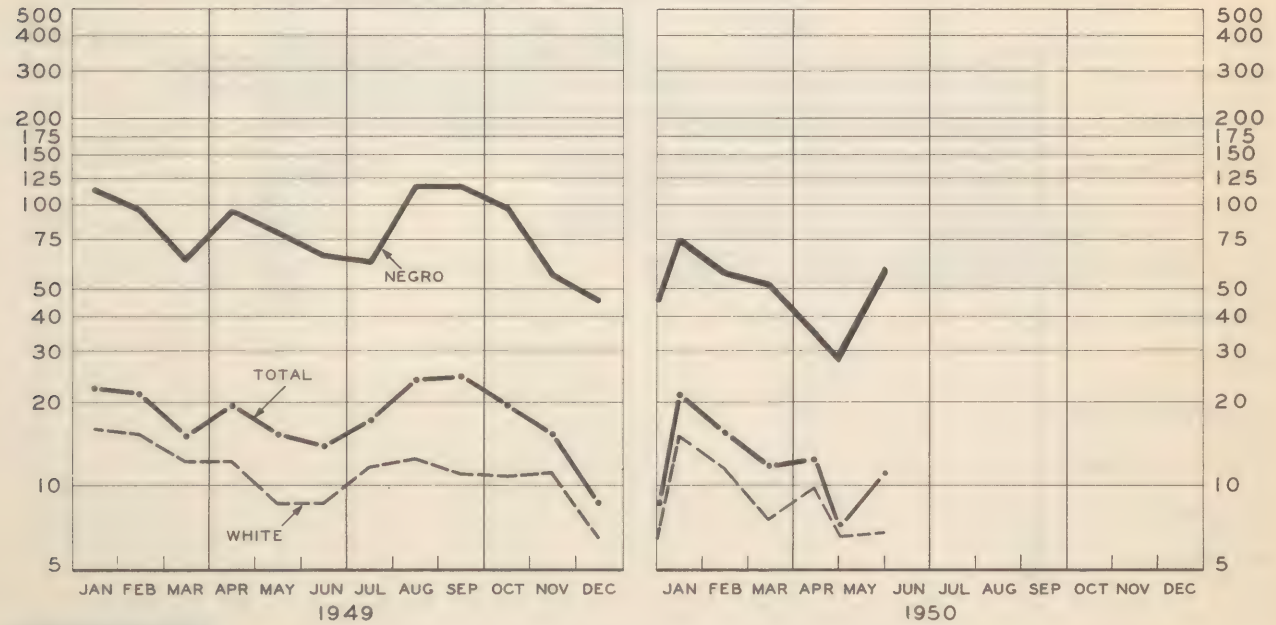


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER

RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS

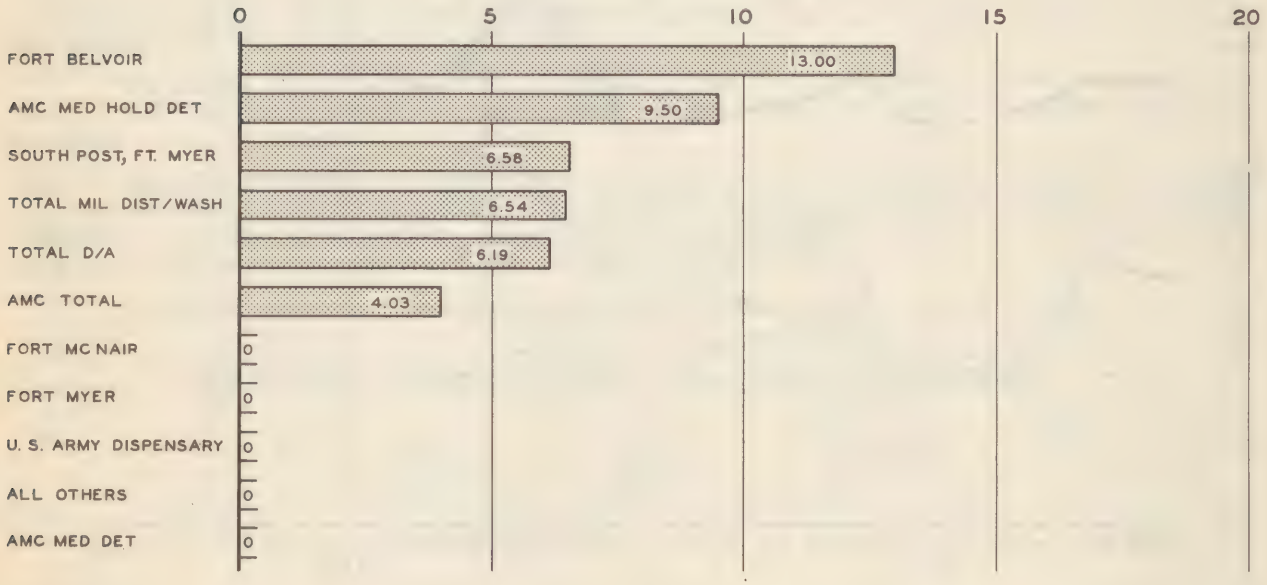


VENEREAL DISEASE

RATE PER 1000 TROOPS PER YEAR

5 WEEK PERIOD ENDING 30 JUNE 1950

WHITE PERSONNEL (CHARGEABLE CASES)

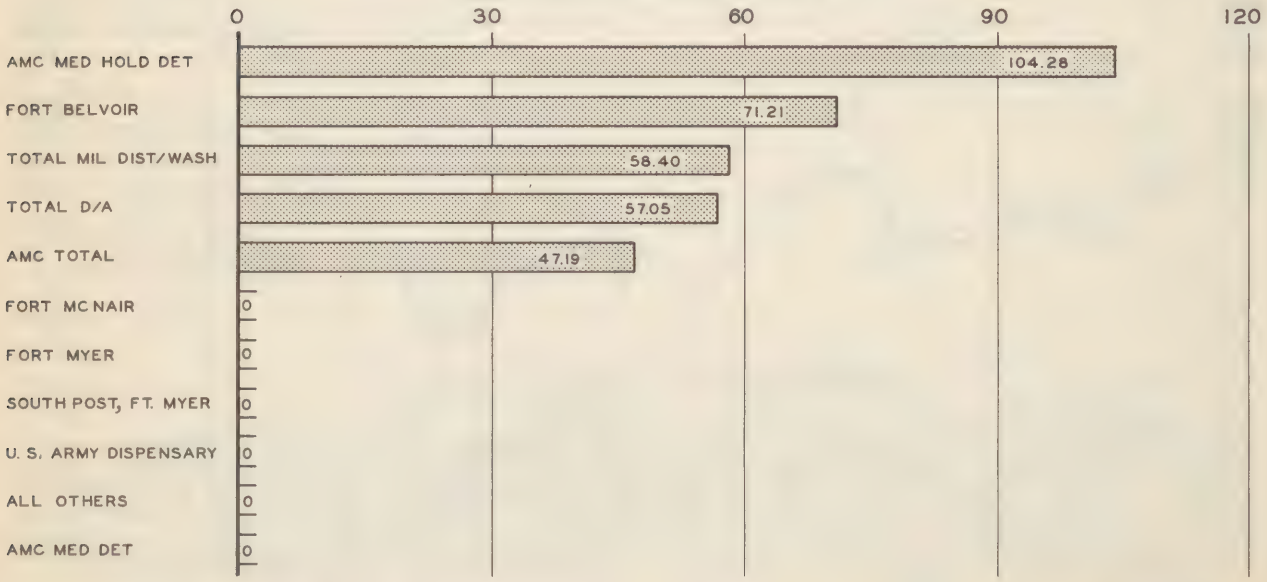


VENEREAL DISEASE

RATE PER 1000 TROOPS PER YEAR

5 WEEK PERIOD ENDING 30 JUNE 1950

NEGRO PERSONNEL (CHARGEABLE CASES)

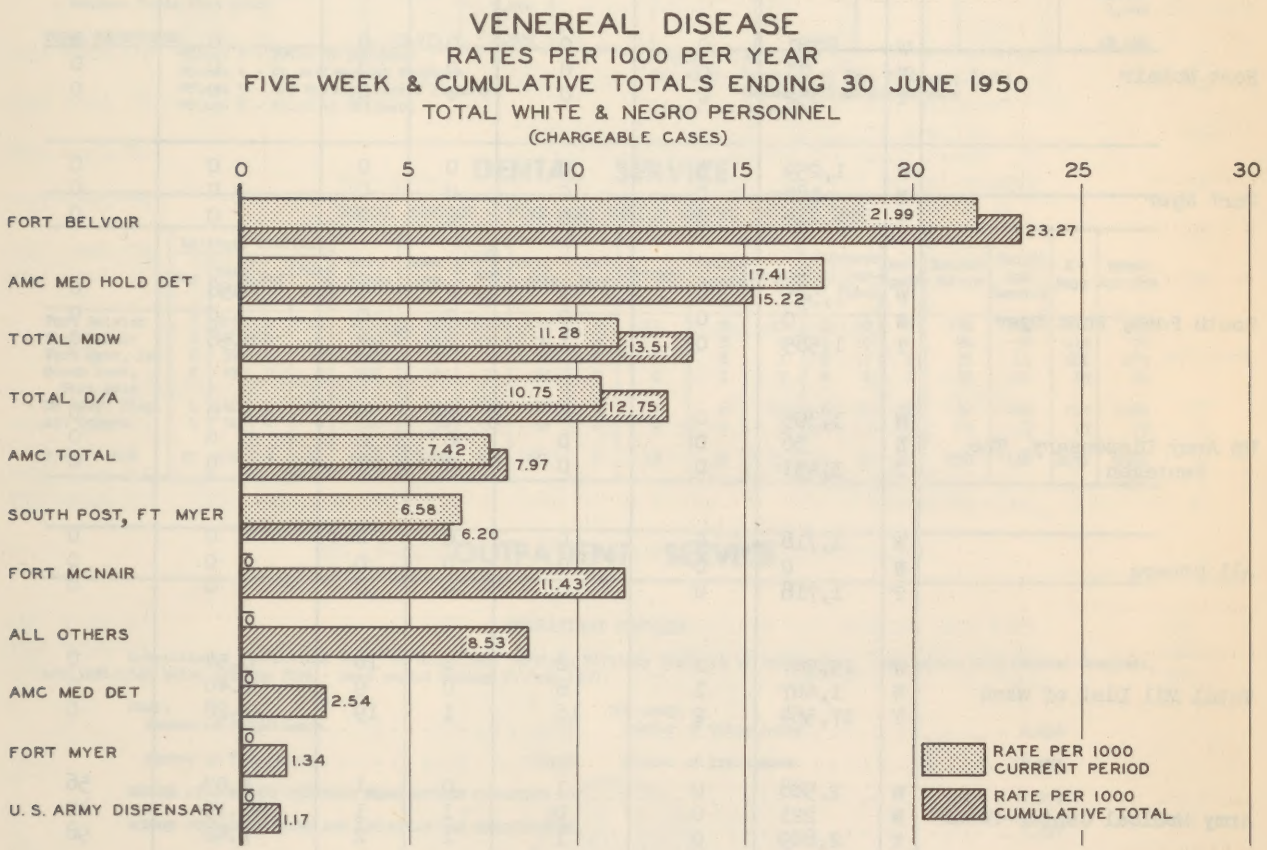


VENEREAL DISEASE RATES FOR US*

(All Army Troops)

	APRIL 1950	MAY 1950	JUNE 1950
First Army Area	11	12	12
Second Army Area	17	14	17
Mil District of Washington	12	6	10
Third Army Area	27	23	20
Fourth Army Area	11	12	15
Fifth Army Area	13	13	10
Sixth Army Area	21	18	17
TOTAL United States	18	15	15

*Compiled in the Office of the Surgeon General and Includes US Army Hospitals



CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT
For the Five Week Period Ending 30 June 1950
(Data from WD AGO 8-122) (Chargeable Cases)

STATION	RACE	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7,219	1	7	1	9	13.00	0
	N	1,318	1	8	0	9	71.21	0
	T	8,537	2	15	1	18	21.99	0
Fort McNair	W	781	0	0	0	0	0	0
	N	71	0	0	0	0	0	0
	T	852	0	0	0	0	0	0
Fort Myer	W	1,259	0	0	0	0	0	0
	N	182	0	0	0	0	0	0
	T	1,441	0	0	0	0	0	0
South Post, Fort Myer	W	1,585	0	1	0	1	6.58	0
	N	0	0	0	0	0	0	0
	T	1,585	0	1	0	1	6.58	0
US Army Dispensary, The Pentagon	W	3,395	0	0	0	0	0	0
	N	36	0	0	0	0	0	0
	T	3,431	0	0	0	0	0	0
All Others	W	1,718	0	0	0	0	0	0
	N	0	0	0	0	0	0	0
	T	1,718	0	0	0	0	0	0
Total Mil Dist of Wash	W	15,957	1	8	1	10	6.54	0
	N	1,607	1	8	0	9	58.40	0
	T	17,564	2	16	1	19	11.28	0
Army Medical Center-Total	W	2,588	0	1	0	1	4.03	56
	N	221	0	0	1	1	47.19	42
	T	2,809	0	1	1	2	7.42	98
Total Dept/Army Units	W	18,545	1	9	1	11	6.19	56
	N	1,828	1	8	1	10	57.05	42
	T	20,373	2	17	2	21	10.75	98

VETERINARY SERVICE

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED MAY 1950
(Data obtained from WD AGO Forms 8-134)

	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Leslie J. McNair		55,251	111,995		173,020		54,018	394,284
Fort Belvoir, Virginia		108,607	342,846		403,864	51,068	236,588	1,142,973
Potomac Yards Distribution Point		378,333	97,318	488,903			55,542	1,020,096
Fort Myer, Virginia		210,773	175,088	60	193,364	5,102	178,085	762,472
Cameron Station, Alexandria, Va.		137,015	72,873		192,611	5,800	96,877	505,176
Mil Dist/Washington Vet Det.	314,903							314,903
The Pentagon						206,721		206,721
TOTALS	314,903	889,979	800,120	488,963	962,859	268,691	621,110	4,346,625
REJECTIONS:								
Insanitary or Unsound								
Mil Dist/Washington Vet Det.	456							456
Potomac Yards Dist Point		535						535
Fort Leslie J. McNair					733			733
Not type, class or grade								
Mil Dist/Washington Vet Det.	25,518							25,518
Potomac Yards Dist Point		1,040						1,040
TOTAL REJECTIONS:	25,974	1,575			733			28,282

*Class 3 - Prior to Purchase
*Class 4 - On delivery at Purchase
*Class 5 - Any Receipt except Purchase
*Class 6 - Prior to Shipment
*Class 7 - At Issue
*Class 8 - Purchase by Post Exchange, Clubs, Messes or Post Restaurants
*Class 9 - Storage

DENTAL SERVICE

DENTAL SERVICE - FIVE WEEK PERIOD ENDING 30 JUNE 1950

	Military Men	Military Duty Days	Civilian Men	Civilian Duty Days	Sittings	Amalgam	Oxy and Amal	Silicate	Inlays	Bridges	Bridge Repair	Crowns	Dentures Full	Dentures Partial	Repair	Extractions	Calculus Removed	X-Rays	Examinations
Fort Belvior	8	203	1	12	1362	328	396	118	4	11	2	15	8	10	6	352	122	616	927
Fort McNair	2	60	0	0	450	258	191	30	2	1	5	2	0	15	1	24	38	213	79
Fort Myer, Va.	2	54	0	0	825	217	47	32	2	1	2	1	6	17	6	72	11	626	274
South Post, Fort Myer	2	43	0	0	226	142	71	23	0	0	3	2	4	6	.1	33	12	83	44
US Army, Disp.	6	148	2	29	2311	523	148	181	0	5	6	10	6	27	17	82	242	700	1063
All Others	1	30	0	0	200	30	52	37	0	0	1	3	0	5	1	15	7	13	79
Total - MDW	21	538	3	41	5474	1498	905	411	8	18	19	33	24	78	32	578	432	2251	2466

OUTPATIENT SERVICE

OUTPATIENT SERVICE

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed General Hospital, are indicated below for the five - week period ending 30 June 1950:

ARMY:
Number of Outpatients 3,641
Number of Treatments 18,278

NON-ARMY:
Number of Outpatients 6,236
Number of Treatments 18,923

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED 2,279

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED 7,357

HOSPITAL MESS ADMINISTRATION

HOSPITAL MESS ADMINISTRATION

STATION	MARCH 1950	APRIL 1950	MAY 1950	JUNE 1950
FORT BELVOIR				
Income per Ration	$1.058	$1.041	$1.026	$1.05
Expense per Ration	0.980	1.055	1.073	1.14
Gain or Loss	0.078	-0.014	-0.047	- .09

ADMINISTRATIVE DIVISION

The following list of publications is of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY SPECIAL REGULATIONS

SR No.	Subject	Date
40-410-10	Medical Services -- Central Facilities Provided for Department of Defense by Armed Forces Institute of Pathology	8 June 1950
40-505-12	Medical Service -- Attendance in Medical Department Facilities of Federal Agencies Outside Department of Defense	15 June 1950
305-10-41	Safety -- Reports of Accidents (Other Than Motor Vehicle and Flying Accidents)	16 June 1950

MILITARY DISTRICT OF WASHINGTON CIRCULARS

Cir. No.	Subject	Date
21	Separation of Officer Personnel	19 June 1950
22	Re-Employment Rights of Civilian Personnel Assigned to Occupied Areas	21 June 1950
23	1. Officer Volunteer Category Statements 2. Short Tours of Active Duty Training	22 June 1950
24	Separation of Officer Personnel, Amendments to Paragraph 3, Rescinsition of Paragraph 4	28 June 1950
25	1. Leave and Pass Privileges 2. Wearing of the Uniform	29 June 1950
26	Short Tours of Active Duty Training	30 June 1950

MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No.	Subject	Date
30	Requisitioning Procedures	23 May 1950
31	List of Officers Under Jurisdiction of this Headquarters	24 May 1950
32	Amendment No. 1, Alternate Top Secret Control Officers	5 June 1950
33	Classified File	13 June 1950
34	Duty Officer	13 June 1950

PUBLICATIONS ORIGIN ATED IN OFFICE OF SURGEON, MDW

ANWMC File No.		Date
353	Training Program for Medical Units Within the MDW	18 July 1950
440	Re-Distribution of Excess Medical Supplies	20 July 1950
705	Medical Service, Military District of Washington	21 July 1950